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TITLE: Buprenorphine As A Pharmacotherapy For Opiate Addiction

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Studies have firmly established that effective opiate pharmacotherapy decreases HIV transmission and the rate of seroconversion by reducing IV drug use and needle sharing. Methadone and LAAM, the two medications currently approved by the FDA for treatment of opiate addiction, each has its own advantages and disadvantages and a large number of opiate addicts have still not availed themselves of such treatment. Buprenorphine, a partial agonist at the mu receptor, is a soon to be approved opiate medication that has undergone intensive clinical study and promises to be a useful addition to the armamentarium of opiate pharmacotherapies. Properties that make buprenorphine uniquely attractive for opiate addiction treatment include its ceiling effect, which confers on it a high safety profile, and its slow dissociation from the opiate receptors, which provides a long duration of action and makes less than daily dosing possible. Clinical studies have shown that buprenorphine reduces the symptoms of opiate withdrawal. reduces craving, blocks subsequently administered heroin, and reduces heroin use, while a series of controlled clinical trials have soundly established buprenorphine's safety and efficacy. A buprenorphine/naloxone combination tablet has proved to be clinically effective and has been shown to greatly reduce the medication's abuse potential. Currently, additional studies are underway to test buprenorphine delivery in settings apart from the traditional narcotic treatment programs. Such successful implementation of buprenorphine treatment is expected to greatly expand the capacity for opiate addiction therapy by delivering, for the first time, pharmacotherapy to patients attending medical clinics and private physician offices, thus allowing HIV prevention to be introduced at the primary care level.

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